



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
TRAIL PROJECT APPLICATION (PAGE 1 of 10)

DIVISION OF STATE PARKS USE ONLY	
PROJECT #	
PROJECT CATEGORY	

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? YES NO

Would you like to receive information and assistance regarding the agency's veteran services? YES NO
 Click [here](#) for additional information or send an email to moparks@dnr.mo.gov or call 800-344-6946.

QUESTIONS 1-9: GENERAL INFORMATION

1. NAME OF AGENCY OR ORGANIZATION REQUESTING GRANT FUNDS		
ADDRESS		
CITY	STATE	ZIP
NAME AND TITLE OF RECEIVING OFFICIAL		
EMAIL ADDRESS		PHONE
2. AGENCY/ORGANIZATION DUNS NUMBER		
3. APPLICATION PREPARER		
EMAIL ADDRESS		PHONE
4. PROJECT CONTACT PERSON		TITLE OF PROJECT CONTACT PERSON
EMAIL ADDRESS		PHONE
IS THIS PROJECT CONTACT A LPA PROJECT CERTIFIED PERSON IN RESPONSIBLE CHARGE? <input type="checkbox"/> NO <input type="checkbox"/> YES		
5. US REPRESENTATIVE		DISTRICT
6. STATE REPRESENTATIVE		DISTRICT
7. STATE SENATOR		DISTRICT
8. REGIONAL PLANNING COUNCIL		
9. LOCATION OF PROJECT: COUNTY IN WHICH THE PROJECT IS LOCATED		
CITY OR TOWN IN WHICH THE PROJECT IS LOCATED (if project is not located within city limits, indicate nearest city or town)		
TOWNSHIP, RANGE, SECTION	LATITUDE	LONGITUDE

QUESTIONS 10-11: PROJECT SPONSOR'S BACKGROUND

10. PROJECT APPLICANT IS: <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> NOT-FOR-PROFIT <input type="checkbox"/> FEDERAL AGENCY	
11. DESCRIBE PROJECT SPONSOR'S ORGANIZATION: HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE? (indicate number of years; If less than a year, give date organization was established) _____	WHAT IS THE ORGANIZATION'S ANNUAL OPERATING BUDGET (please indicate)?
DOES THE ORGANIZATION EMPLOY FULL-TIME STAFF? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many) _____	DOES THE ORGANIZATION EMPLOY PART-TIME STAFF? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many) _____
DOES THE ORGANIZATION HAVE A BOARD WITH OVERSIGHT RESPONSIBILITIES? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many members) _____	DOES THE ORGANIZATION HAVE VOLUNTEERS? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many) _____
SUMMARIZE THE ORGANIZATION'S MISSION	



QUESTION 12: PREVIOUS PERFORMANCE [UP TO 10 POINTS]

12. HAS THE PROJECT SPONSOR RECEIVED A DNR GRANT WITHIN THE LAST 10 YEARS? NO YES (if yes, designate how many)

IF YES, DOES THE SPONSOR HAVE A DNR GRANT CURRENTLY OPEN? NO YES (if yes, designate how many projects)

WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO WITHDRAW A DNR PROJECT AND DE-OBLIGATE FUNDING? NO YES

WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO ASK FOR AN EXTENSION TO COMPLETE THEIR PROJECT? NO YES (if yes, indicate how many)

IF THE PROJECT SPONSOR HAS HAD TO REQUEST AN EXTENSION OR WITHDRAW A PROJECT WITHIN THE PAST 10 YEARS, PLEASE PROVIDE AN EXPLANATION.

QUESTIONS 13-21: PROJECT DESCRIPTION [UP TO 20 POINTS]

13. PROJECT CATEGORY IS (please select one)

NON-MOTORIZED SINGLE USE [1 point] MOTORIZED SINGLE USE* [1 points]

NON-MOTORIZED DIVERSE USE [3 points] MOTORIZED DIVERSE USE* [3 points]

BOTH NON-MOTORIZED & MOTORIZED DIVERSE USE* [5 points] *At least 60% of total project costs must be motorized-related costs.

14. PROJECT TYPE IS: (Check either new development OR rehabilitation/repair AND property and equipment acquisition, if applicable)

NEW DEVELOPMENT (if 60% of total project costs)
(if new development, indicate subtype below; check all that apply)

- NEW TRAIL CONSTRUCTION
- NEW TRAILSIDE AND/OR TRAILHEAD AMENITIES
- NEW TRAIL CONNECTOR(S) TO EXISTING TRAIL(S)
- PROPERTY/EASEMENT ACQUISITION OR LEASE FOR TRAIL DEVELOPMENT

REHABILITATION/REPAIR (if 60% of total project costs)
(if rehab./repair, indicate subtype below; check all that apply)

- REHABILITATION/REPAIR OF EXISTING TRAIL(S)
- REHABILITATION/REPAIR OF EXISTING AMENITIES
- REHABILITATION/REPAIR OF EXISTING CONNECTORS

15. PROJECT WILL BE CONSTRUCTED ON (for trail-related construction/rehabilitation projects): PUBLIC LAND PRIVATE LAND COMBINATION

16. INDICATE IF PROJECT SPONSOR OWNS, LEASES OR HAS ACCESS TO PROJECT LAND* (check all that apply)

OWN PERMANENT TRAIL EASEMENT OTHER (please explain)

LEASE (minimum of 25 years, and signature of owner/other holders acknowledging 25 year commitment to maintain in outdoor recreation use, required) TEMPORARY CONSTRUCTION EASEMENT

*Additional documentation required. Refer to Supporting Documentation Checklist in the application guide.

17. LIST ALL PRESENT EXISTING AND REASONABLY ANTICIPATED LIENS OR MORTGAGES OR BOTH, ON THE PROPERTY, AND THE EFFECT ON THE RECREATIONAL EASEMENT THAT WILL BE REQUIRED.

ARE THERE ANY RIGHT-OF-WAY, EASEMENTS, OR REVERSIONARY INTERESTS ASSOCIATED WITH THE PROPERTY? NO YES (if yes, please explain)

18. INTENDED USES OF THIS PROJECT (check all that apply)

- BICYCLING CANOEING/KAYAKING OTHER (please specify)
- WALKING/JOGGING MOTORIZED BOATING
- HIKING ATV/UTV (four-wheel)
- BACKPACKING OFF-HIGHWAY MOTORCYCLING
- EQUESTRIAN OFF-ROAD VEHICLE

19. PROJECT TITLE



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20. PROVIDE A DETAILED PROJECT NARRATIVE.

(include specific information about what is being constructed, rehabilitated/repared and/or acquired; see application guide for clarification; answer within the space provided; a 400 word limit is encouraged)

21. DESCRIBE THE BENEFITS OF THIS PROJECT (include how the project is beneficial and who it benefits; answer in the space provided).



QUESTIONS 22-29: PROJECT PLANNING AND IMPLEMENTATION [UP TO 35 POINTS]

22. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN A LOCAL OR REGIONAL MASTER PLAN OR THE STATEWIDE COMPREHENSIVE MASTER PLAN (SCORP)? [up to 5 points]

23. DID THE PROJECT SPONSOR SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS? [up to 5 points]

YES (if yes, describe how and provide the documentation outlined in the Supporting Documentation Checklist)

NO (if no, indicate if the public will be given opportunity to comment and how)

24. IDENTIFY WHICH STANDARDS OF THE AMERICAN WITH DISABILITIES ACT (ADA) AND ARCHITECTURAL BARRIER ACT (ABA) ARE BEING ADDRESSED IN THIS PROJECT. DESCRIBE WHAT ACCESSIBILITY CHALLENGES EXIST AND HOW YOU INTEND TO OVERCOME THEM. [up to 5 points]



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25. DO YOU CURRENTLY MANAGE ANY TRAILS? [up to 4 points]

- NO YES (if yes, describe the trail system; include a map)

26. WHAT DESIGN ELEMENTS ARE INCLUDED THAT CONTRIBUTE TO PRESERVING ENVIRONMENTAL RESOURCES AS PART OF ENSURING A QUALITY OUTDOOR RECREATION EXPERIENCE. HAS AN ENVIRONMENTAL REVIEW BEEN COMPLETED RECENTLY IN THE PROJECT AREA? [up to 4 points]

- NO YES (if yes, provide a copy of the review)

27. DESCRIBE WHAT LONGTERM SUSTAINABILITY CONSIDERATIONS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN AND CONSTRUCTION. [up to 4 points]

28. DESCRIBE WHAT SAFETY CONCERNS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN (include photo). [up to 4 points]

29. FOR CONSTRUCTION AND/OR REHABILITATION/REPAIR PROJECTS, INDICATE WHO WILL BE DOING WHAT WORK. IF YOU INTEND TO USE IN-HOUSE LABOR FOR THE CONSTRUCTION OF THE PROJECT, SUBMIT A COST ANALYSIS THAT COMPARES IN-HOUSE LABOR VS CONTRACT LABOR. [up to 4 points]



QUESTION 30: PROJECT MAINTENANCE AND MANAGEMENT [UP TO 5 POINTS]

30. PROVIDE A DETAILED POST-COMPLETION PLAN OF HOW THE PROJECT WILL BE MANAGED AND MAINTAINED FOR 25 YEARS.

QUESTIONS 31-32: PARTNERSHIPS AND DONATIONS [UP TO 5 POINTS]

31. WILL QUALIFIED YOUTH CONSERVATION OR SERVICE CORPS BE INVOLVED WITH THE PROJECT? [up to 2 points]
 NO YES (if yes, indicate what group or groups and in what aspect of the project they will be assisting)

32. LIST ANY CONTRIBUTING PARTNERS OR DONORS INVOLVED WITH THIS PROJECT AND THEIR INTENDED CONTRIBUTIONS. [up to 3 points]
 (a letter of intent to donate from each donor must accompany the application packet; see Supporting Documentation Checklist in the application guide)

DONORS	CONTRIBUTION
A.	A.
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G.	G.
H.	H.
I.	I.
J.	J.



QUESTION 33-35: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 15 POINTS]

33. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING TO COMPLETE THE PROJECT WITHIN THREE YEARS? [up to 3 points]

[Empty space for answer to Question 33]

34. FOR EACH PHASE OF THE PROJECT, FILL OUT THE BUDGET TABLE BELOW WITH THE GRANT AMOUNT REQUESTED AND THE MATCHING AMOUNT PROVIDED BY THE PROJECT SPONSOR AND/OR DONOR (use whole dollar amounts only; the maximum grant request is \$250,000, and the minimum match percentage is 20%). [up to 7 points for quality and accuracy of budget]

COST CATEGORY	GRANT REQUEST	MATCHING FUNDS		TOTAL PROJECT COST
		PROJECT SPONSOR	DONATION (by 3rd party)	
Phase 1. Planning/ Engineering/Environmental Review Process (≤ 10% of total project cost)	\$	\$	\$	\$
Phase 2. Right-of-Way Acquisition	\$	\$	\$	\$
Phase 3. Construction	\$	\$	\$	\$
TOTALS	\$ (Not to exceed \$250,000)	\$	\$	\$

Percent of matching funds:	MATCHING FUNDS POINT VALUES	
	% Match	Points
	40% and up	5
	30% to 39%	3
	20% to 29%	1



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35. FILL OUT THE TABLE BELOW TO PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH PHASE OF THE PROJECT. INCLUDE THE ESTIMATED COMPLETION DATE IN MONTH AND YEAR (assuming a start date of October 15, 2022; if eligible costs were incurred prior to the projected start date, please provide the date of completion for the expense).

Phase:	Detailed Expenditures	Total Expense	Maximum Timeframe	Projected Schedule
1. PLANNING/ ENGINEERING/ ENVIRONMENTAL REVIEW PROCESS (≤ 10% OF TOTAL PROJECT COST)	ENVIRONMENTAL		6 months Environmental/ 6 months Planning/ Engineering	
	ENGINEERING			
	OTHER			
2. RIGHT-OF-WAY ACQUISITION	LEASE/EASEMENT/LAND ACQUISITION		6 months	
	APPRAISALS, FILING			
	OTHER			



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35. FILL OUT THE TABLE BELOW TO PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH PHASE OF THE PROJECT. INCLUDE THE ESTIMATED COMPLETION DATE IN MONTH AND YEAR (assuming a start date of October 10, 2020; if eligible costs were incurred prior to the projected start date, please provide the date of completion for the expense).

Phase:	Detailed Expenditures	Total Expense	Maximum Timeframe	Projected Schedule
3. CONSTRUCTION	LABOR		18 months	
	MATERIALS			
	EQUIPMENT			
	SIGNAGE			
	OTHER			
	OTHER			



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DISCRETIONARY BOARD MEMBER CRITERIA [UP TO 10 POINTS]

CONSISTENT WITH RTP REQUIREMENTS, THE NINE-MEMBER MISSOURI TRAILS ADVISORY BOARD (MTAB) REVIEWS AND SCORES THE RTP GRANT APPLICATIONS. BOARD MEMBERS MAY AWARD THE PROJECT POINTS BASED UPON THEIR SUBJECTIVE EVALUATION OF THE APPLICATION.

SUPPORTING DOCUMENTATION CHECKLIST

USE THE BELOW CHECKLIST TO ENSURE THE PROJECT APPLICATION IS COMPLETE (for information specific to each item, refer to the RTP Application Guide).

<input type="checkbox"/> SPECIFIC LOCATION MAP*	<input type="checkbox"/> DRAFT MEMORANDUM OF AGREEMENT* (if project is on public land)
<input type="checkbox"/> AERIAL PHOTO WITH PROJECT SITE PLAN*	<input type="checkbox"/> FINANCIAL ASSURANCE LETTER
<input type="checkbox"/> SCHEMATIC PLAN*	<input type="checkbox"/> RESOLUTION FROM GOVERNING BODY
<input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE	<input type="checkbox"/> LETTERS OF INTENT TO LEASE/SELL/DONATE REAL PROPERTY
<input type="checkbox"/> SIGNED LETTER OF SUPPORT (if project is on public land)	<input type="checkbox"/> PROOF OF LAND OWNERSHIP OR LEASEHOLDER/EASEMENT RIGHTS
<input type="checkbox"/> E-VERIFY (both Federal and State)	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT
<input type="checkbox"/> PHOTOGRAPHS OF PROJECT AREA	<input type="checkbox"/> COPY OF RELEVANT PORTION OF COMPREHENSIVE OR MASTER PLAN
<input type="checkbox"/> EXISTING TRAIL MAP	<input type="checkbox"/> ENVIRONMENTAL REVIEW (if applicable)

*If recommended for funding, a signed Memorandum of Agreement will have to be executed.

CERTIFICATION OF RESPONSIBLE PERSON

A RESPONSIBLE OFFICIAL FROM THE SPONSORING ORGANIZATION MUST SIGN AND DATE THE APPLICATION. APPLICATIONS WITHOUT SIGNATURE WILL NOT BE SCORED.

"I hereby certify that the information contained in this application packet is true and correct to the best of my knowledge. I understand that the application will be rated solely on the information provided on the application and in the enclosed supporting documentation. The submission of incorrect information and the lack of required documentation can result in this application being withdrawn from consideration for funding."

SIGNATURE	TITLE	
PRINTED NAME	DATE	

SUBMIT COMPLETED APPLICATION

Submit two (2) copies of the application and supporting documentation to the Grants Management Section (address below):

Missouri Department of Natural Resources Division of State Parks
Grants Management Section Attn: RTP Planner
PO Box 176
1659 E. Elm Street
Jefferson City, MO 65102-0176

Application packets must be submitted or postmarked on or before February 16, 2022. For questions about an application packet or the process, call (573) 522-8773 or (573) 751-8661 or email mspgrants@dnr.mo.gov.